

Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Complete if Known

Application Number

Filing Date

First Named Inventor

SONIA CHOKSHI

Art Unit

Examiner Name

Attorney Docket Number

NONE

Sheet

1

9

2

U. S. PATENT DOCUMENTS

[illegible]

FOREIGN PATENT DOCUMENTS

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Examiner Signature		Date Considered	
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				Art Unit		
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Sheet	2	of	2	Attorney Docket Number		NONE

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

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